



APPLICATION FOR CERTIFICATION

Pursuant to Arizona Revised Statutes §§16-947 and 948 and AAC R2-26-104(D)

PL 1:56

☒ Initial Application

☐ Amended Application

FILERID

200493159

NAME OF CANDIDATE Nancy G. McLain		OFFICE SOUGHT (include Legislative District, if applicable) HR 3	
ADDRESS (NUMBER & STREET) 1309 Riverfront Dr.		CITY Bullhead City	STATE AZ
MAILING ADDRESS (if different from above)		CITY	STATE
CANDIDATE'S TELEPHONE # (928) 763-5146	CANDIDATE'S FAX # (928) 704-0229	CANDIDATE'S E-MAIL ADDRESS NMcLainBHC@aol.com	
CANDIDATE'S PARTY AFFILIATION (if any) Republican			
NAME OF CANDIDATE'S COMMITTEE Committee to Elect Nancy McLain (I.D. #200493159)			
COMMITTEE'S ADDRESS 1309 Riverfront Dr.		CITY Bullhead City	STATE AZ
COMMITTEE'S PHONE # (928) 763-5146	COMMITTEE'S FAX # (928) 704-0229	COMMITTEE'S E-MAIL ADDRESS NancyMcLainforHR@aol.com	
NAME OF DESIGNATED INDIVIDUAL WITH AUTHORITY TO WITHDRAW FUNDS (IF APPLICABLE) (A.R.S. §16-948)			
DESIGNATED INDIVIDUAL'S ADDRESS		CITY	STATE
DESIGNATED INDIVIDUAL'S TELEPHONE #	DESIGNATED INDIVIDUAL'S FAX #	DESIGNATED INDIVIDUAL'S E-MAIL ADDRESS	
LIST THE NAME OF THE FINANCIAL INSTITUTION FROM WHICH THE CANDIDATE AND THE DESIGNATED INDIVIDUAL WILL CONDUCT ALL FINANCIAL ACTIVITY FOR THE CANDIDATE'S CAMPAIGN COMMITTEE (do not list account number). (A.R.S. §16-948(A)). Bank of America, Bullhead City Branch			

DESIGNATED CANDIDATE'S STATEMENT (if applicable) (A.R.S. §16-948(B)): I hereby designate N/A as my duly authorized Designated Individual, with the authority to withdraw funds and make expenditures from my campaign account on my behalf.

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